

**HOME AND COMMUNITY BASED SERVICES  
PSYCHOSOCIAL SUMMARY**

**I. IDENTIFYING INFORMATION:**

Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

**II. PRESENTING PROBLEM (include summary of need for HCBS services and health history):**

**III. PERSONAL HISTORY (include family history/dynamics, marital history, education, employment and leisure activities):**

**IV. PSYCHOSOCIAL SUMMARY (include assessment of coping skills, patient understanding/acceptance of illness, cognitive abilities and mental status):**

A. Social Assessment:

B. Emotional Assessment:

C. Mental Assessment:

**V. CURRENT LIVING SITUATION:**

A. Financial Assessment:

B. Home:

C. Transportation:

D. Medical Compliance:

E. Support Systems (include family understanding/acceptance of illness):

F. Neglect/Abuse:

G. Long Term Planning:

**VI. COMMENTS AND IMPRESSIONS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date